

OFFICE USE  
ONLY

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate Jerry C Burton  
Address 101 Ren St Newton, MS County Newton  
Telephone (Work) 601 683 6695 (Home) 39345 (Fax) \_\_\_\_\_  
Contact Name Terry C Burton Email Address \_\_\_\_\_  
Office Sought Senator Dist. 31 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>15250.00 + \$ 4350.00</u>	<u>\$ 15600.00</u>	<u>\$ 15600.00</u>
Total amount of disbursements \$	<u>3534.50 + \$ 40,420.00</u>	<u>\$ 413954.50</u>	<u>\$ 413954.50</u>
Total amount of cash on hand		<u>\$ 170194.90</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 30 2009

Secretary of State  
Capitol Office



Name of Candidate or Committee

Terry C Burton

Reporting period 01-01-08 through 12-31-08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Magnolia Corporation	04/15/08	\$1,000.00
Mailing Address 289 S. Robertson Blvd	___/___/___	\$
City, State, Zip Code Beverly Hills, CA 90211	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Astra Zereca	04/21/08	\$600.00
Mailing Address 7516 Jeanette St.	___/___/___	\$
City, State, Zip Code New Orleans, LA 70118	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$600.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bayer Healthcare	06/23/08	\$300.00
Mailing Address 1029 N. Michigan St	12/23/08	\$300.00
City, State, Zip Code Elkhart IN 46514	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Menck	07/28/08	\$4500.00
Mailing Address P.O. Box 4	___/___/___	\$
City, State, Zip Code West Point PA 19485	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$500.00

Name of Candidate or Committee

Terry C Burton

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Reporting period

01-01-08

through

12-31-08

## ITEMIZED RECEIPTS

A. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full name	09/12/08	\$ 300.00
Mailing Address	—/—/—	\$
City, State, Zip Code	—/—/—	\$
Name of Employer (Required)	—/—/—	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
B. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full name	11/06/08	\$ 500.00
Mailing Address	—/—/—	\$
City, State, Zip Code	—/—/—	\$
Name of Employer (Required)	—/—/—	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full name	11/11/08	\$ 500.00
Mailing Address	—/—/—	\$
City, State, Zip Code	—/—/—	\$
Name of Employer (Required)	—/—/—	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		
Full name	11/19/08	\$ 250.00
Mailing Address	—/—/—	\$
City, State, Zip Code	—/—/—	\$
Name of Employer (Required)	—/—/—	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00



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Terry C Burton

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Reporting period

01-01-08

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/08/08	\$ 500.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/30/08	\$ 500.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$

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Terry C Burton

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Reporting period JAN 1 2008

through DEC 31 2008

## ITEMIZED DISBURSEMENTS

A. Full name	WQST	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 Hwy 80	02/12/08	\$ 770.00
City, State, Zip Code	Forest, MS 39074	06/22/08	\$ 200.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name	WQST	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 Hwy 80	12/09/08	\$ 300.00
City, State, Zip Code	Forest, MS 39074	1/1/09	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1270.00
C. Full name	Newton Record	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5. Main St	02/12/08	\$ 90.00
City, State, Zip Code	Newton, MS. 39345	03/10/08	\$ 75.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name	Newton Record	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5. Main St	06/22/08	\$ 66.00
City, State, Zip Code	Newton, MS. 39345	12/08/08	\$ 225.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 456.00
E. Full name	Union Appeal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Bank St	03/10/08	\$ 114.50
City, State, Zip Code	Union, MS. 39365	09/16/08	\$ 295.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name	Union Appeal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Bank St	12/08/08	\$ 65.00
City, State, Zip Code	Union, MS 39365	1/1/09	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 74.50



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Reporting period

Terry C. Burton

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## ITEMIZED DISBURSEMENTS

A. Full name	Scott Co. Times	Date (Mo., Day, Year)	02/12/08	Amount of each disbursement this period	\$ 91134.00
Mailing Address					
City, State, Zip Code					
Purpose of Disbursement (Optional)		Aggregate Year-to-date			\$ 1134.00
B. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	
Mailing Address					
City, State, Zip Code					
Purpose of Disbursement (Optional)		Aggregate Year-to-date			
C. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	
Mailing Address					
City, State, Zip Code					
Purpose of Disbursement (Optional)		Aggregate Year-to-date			
D. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	
Mailing Address					
City, State, Zip Code					
Purpose of Disbursement (Optional)		Aggregate Year-to-date			
E. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	
Mailing Address					
City, State, Zip Code					
Purpose of Disbursement (Optional)		Aggregate Year-to-date			
F. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	
Mailing Address					
City, State, Zip Code					
Purpose of Disbursement (Optional)		Aggregate Year-to-date			